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Adesholla Leann Gionet
An Evaluation of Clinical
Interventions and Client Satisfaction in a
Mandated Massachusetts Driver Alcohol
Program

ABSTRACT

This study was carried out to evaluate the use of psycho-education as a clinical intervention with court-mandated, drunk, and under-the-influence (DUI) clients, as well as, those who operated a motor vehicle under-the-influence (OUI). Additionally, the study was designed to determine the extent of client-perceived satisfaction in a Massachusetts Alcohol Education program. Furthermore, the study intended to give clients a voice in expressing themselves about what elements of the program could benefit from improvement in order to assist in motivating court-mandated clients to make positive behavioral changes that will result in lower alcohol and substance-use related recidivism rates.

A questionnaire was distributed to a sample of 42 court-mandated clients actively enrolled in a Driver Alcohol Education (DAE) Program for twelve or more weeks. Clients were asked to give feedback on three program elements that the researcher believed to have the most significant impact on a client's overall experience, which included settings, facilitator-knowledge and approach, as well as, curriculum.

The findings of the research showed the respondents to be overall satisfied with the program and its elements. Of further significance, many of the respondents reported that they expected to retain some if not most of the information provided to them and one-hundred percent of the sample believed that this would be their final DUI/OUI offense.

**AN EVALUATION OF CLINICAL INTERVENTIONS AND CLIENT
SATISFACTION IN A MANDATED MASSACHUSETTS DRIVER ALCOHOL
EDUCATION PROGRAM**

A project based upon an investigation at Spectrum Health Systems, Fitchburg, Massachusetts, submitted in partial fulfillment of the requirements for the degree of Master of Social Work.

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2014

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CHAPTER I

Introduction

Drunk Driving is a serious crime that puts people's lives at risk daily. "Massachusetts uses Blood Alcohol Content (BAC) to determine whether you're legally driving under-the-influence (DUI) (dmv.org).” An offense such as this in Massachusetts is a felony crime and carries a potential sentence of up to 2 ½ years in jail and loss of license for up to one year. To go along with those sanctions there are also steep fines and Alcohol Education Programs imposed on first-offenders. "First-Offender Driver Alcohol Education (DAE) programs are available to those individuals who agree to the alternative sentencing sanction as specified within Massachusetts General Laws for the offense of driving under-the-influence. Specifically, each DAE program participant is provided with a structured group where they receive educational material to help them identify and understand alcohol abuse issues and drinking-and-driving behaviors. While the major focus of these programs is on alcohol, other substances of abuse are also discussed. The program provides 40 hours of services conducted over 16 weeks and includes an assessment, participation in self-help and victim-impact community meetings (dph.gov).”

The DAE program uses psycho-education as an intervention for first-offenders. The curriculum used, is licensed and approved through the Department of Public Health (DPH). Many substance abuse programs are available to mandated clients across the state. One way to evaluate the effectiveness or weaknesses of programs like DAE is through completing program evaluations. The objective of this study was to evaluate a Massachusetts DAE program from the perspective of its clients by questioning, "To what extent do clients in a court-mandated Driver

Alcohol Education Program find the program satisfactory?” Also, to what extent does a client’s level of satisfaction affect their retention of the curriculum and risk of reoffending?

In reviewing the literature about program evaluations, client satisfaction, and recidivism, as both a researcher and an instructor/facilitator of this court mandated Driver Alcohol Education (DAE) Program for offenders it is evident that there is a need for additional research that looks at ways to improve state mandated clients’ overall rates of satisfaction. For this study, *satisfaction* is defined by the client’s perception of the curriculum, facilitator’s knowledge, approach, and level of skill, as well as the learning setting. Previous research found that studies of patient satisfaction with alcohol and drug treatment are few in number and limited geographically, with inconsistent results (Zhang, Z., Friedmann, P. D., & Gerstein, R.R., 2003). The limited extent of research on patient satisfaction may stem from the belief that it is not an independent factor in substance abuse treatment (Zhang et al, 2003).

Wells-Parker and Williams (2002) found reductions in drinking–driving and alcohol-impaired crashes among offenders who completed mandated counseling-based intervention. Despite these encouraging findings, these authors noted in their meta-analysis that there are several limitations to current knowledge, including that decreases in recidivism after intervention are relatively modest and that it is unknown what programs are particularly effective (Jensen, D. A., 2001) Although there is substantial literature on this topic there seems to be little printed client feedback on how the components of the actual rehabilitation program contributed to the clients overall success or lack of success after completing a mandated psycho-education course.

The purpose of this quantitative study was to examine the level of treatment satisfaction that Drinking and Driving offenders experience after completing a sixteen-week, court mandated Driver Alcohol Education (DAE) Program. “Individuals convicted for the first time for drunk-

driving offenses are often offered this education option as an alternative to losing their license or possible incarceration. Referrals are generally made by the adjudicating district court; however, if the client is under 21, the Registry of Motor Vehicles may mandate the offender's participation" (ma.gov/dph). Often times those who are charged or convicted of the crime of Driving Under the Influence (DUI), or Operating Under the Influence (OUI,) are referred to, or commonly known as, "DUI/OUI offenders". The term "client" in the context of this research project refers specifically to any individual, who according to Massachusetts General Laws Chapter 90 § 24D is:

[...] convicted of or charged with operating a motor vehicle with a percentage, by weight, of alcohol in their blood of eight one-hundredths or greater, or while under the influence of intoxicating liquor, controlled substance or the vapors of glue, may if such person consents, be placed on probation for not more than two years and shall, as a condition of probation, be assigned to a driver alcohol education program as provided herein and, if deemed necessary by the court, to an alcohol or controlled substance abuse treatment or rehabilitation program or to both (M.G.L.Ch.90§24D)

The study addressed issues concerning course content, instructor/facilitator skills, and physical setting of the program by questioning, "To what extent do clients in court Mandated Driver Alcohol Education Programs find the program satisfactory?" Also, to what extent does a client's level of satisfaction affect their retention of the curriculum and risk of reoffending? To answer this question, research was conducted at a local facility approved by the Department of Public Health (DPH). Based in Worcester, Massachusetts, Spectrum Health Systems, Inc. is a private, nonprofit substance abuse and mental health treatment provider. Spectrum operates nearly 100 institutional and community-based programs in Massachusetts, Rhode Island,

Georgia, Tennessee, Maine, Maryland, Iowa and Washington State -- serving more than 20, 0000 individuals each year (Spectrumhealthsystem.com, 2014). The course is taught and/or facilitated by an individual who has a minimum of a Bachelor's Degree in the Sciences of Criminal Justice, Social Work, and/or Human Services. The official job title of someone who teaches this course is referred to as a "facilitator" or "clinician", and knowledge in clinical diagnosis is preferred.

Spectrum Health's Driver Alcohol psycho-education program uses a sixteen-week licensed curriculum to address the diagnosis of Alcohol Abuse (305.00). Since the release of the DSM-V, Alcohol Abuse is now under the umbrella of Substance-Related and Addictive Disorders, and is now known by the term Alcohol Use Disorder, which includes a multitude of International Classifications of Disease, Tenth Revision, and Clinical Modification (ICD-10-CM) codes for clinicians to choose from. Upon completing the hour and a half intake interview process and subsequent enrollment in the DAE program, most clients are diagnosed with Alcohol Abuse (305.00), along with any other diagnoses applicable to that individual. Specifically, the Spectrum curriculum focuses on developing awareness in clients so they may identify and understand alcohol abuse, learn education on the stages of addiction and recovery, as well as, discuss cognitive and behavioral techniques that can be used for problem solving and life management.

The study solicited currently enrolled clients to participate in a satisfaction survey that aimed to evaluate the clinical interventions used in the course curriculum. The researcher is rooting the study in social work practice, because "The major purpose of psycho-educational groups is expansion of awareness about the behavioral, medical, and psychological consequences of substance abuse. Another prime goal was to motivate the client to enter the recovery-ready

stage (Martin et al. 1996; Pfeiffer et al. 1991 as cited by ncbi.nlm.nih.gov).” Psycho-education allows for individuals to learn skills to improve areas of their life that have been negatively affected by the maladaptive behavior. The hope was to find that a client’s positive experience of the classroom facilitator, environment, and curriculum resulted in higher levels of course satisfaction and retention of materials. Secondly, the research hoped to show that clients who found the course material relevant and up to date would show greater levels of satisfaction. Lastly, the study sought to explore whether participants found that mandated programs in environments such as Police Departments resulted in lower levels of course satisfaction, so as to encourage policy to support those who suffer from Alcohol Use Disorders with programs in the community, instead of prison-based interventions.

The study was designed to contribute to the field of social work practice by looking at ways to improve the components of psycho-education interventions. Meeting the client’s needs and educating them is an essential part of being an agent of change and getting positive measurable outcomes for clients. It was assumed that through the collection of the data that those who are charged with offenses such as DUI/OUI were likely to be struggling with dual diagnosis issues of substance abuse and other co-occurring mental health issues which is often a client condition that social workers address on daily basis. Psycho-education offers clients a chance to learn life management skills to change maladaptive behavior while also helping clients to identify traits or symptoms of other possible co-occurring mental health problems.

This study provided the opportunity through collection of data about the existing driver alcohol education program in Massachusetts, to make recommendations about changes or improvements that might improve curriculum retention and decrease recidivism rates for individuals struggling with Alcohol Abuse. The researcher may gain knowledge about the areas

of the Driver Alcohol Education Program that require improvement and/or expansion. This study also provided insight into the impact such programs have on encouraging or discouraging individuals to seek further mental health care for their alcohol abuse. The researcher also explored ways to improve professional development in the field of social work and psycho-education. Participants in the study had the opportunity to convey their feedback regarding overall satisfaction or dissatisfaction with the Driver Alcohol Education Program in Massachusetts. They also had the opportunity to contribute to the future development and improvement of the program. Clients may have benefited from feeling that their experiences and opinions matter, and that they could be utilized as a crucial aspect of a study that may improve the program and psycho-education programs in general for future clients.

Programs such as the Massachusetts DAE Program are typically dual purposed. The first purpose is to extend the hand of the law by using mandated alcohol education as a factor of retribution to appease the public, which believes heavily in using certain punishment as a deterrent. The second purpose of the program is to impart knowledge to the offender's with the expectation that the information given, along with the inconvenience of the sanction, will prevent future offenses. If both of the program goals are met, the result should be that people would have paid for their drinking and driving mistakes by way of financial sanctions and the attainment of a criminal record, and in turn, never drink and drive again. Sadly, this is not the case. This study proposed that each client experiences the program differently depending on multiple factors; however some of the main factors might include the curriculum, facilitators approach and knowledge, setting of the classroom. In order to find out what may have improved or influenced a client's likelihood of a positive experience and outcome, there was a need to hear from each client directly after their completion of the program. If facilitators and program directors listen to

how each client experiences the program, then they stand to learn a lot about what the program and its facilitators are doing right and where improvements can and should be made.

Improvements can only be made if it is clear that change is needed. This researcher hopes to lend itself to supporting the program and its facilitators in becoming more effective, and to give clients a voice to improve the outcomes for those clients that will follow. In addition, the audience for a study like this is also directed to assist social workers who use psycho-education as an intervention with a wide range of clients the reaches beyond the scope of those with substance use and abuse issues.

CHAPTER TWO

Literature Review

To summarize, the purpose of the research was to learn the ways in which a DUI/OUI Driver Alcohol Education program met or could have influenced a client's likelihood of a positive experience and positive outcomes. The desired positive experience and outcomes are defined by the researcher in this study as, the client's retention of the material covered, and subsequent motivation to change past risky behavior, which led to them incurring a DUI/OUI conviction that resulted in their enrollment in a court-mandated alcohol education program. Furthermore, the intention of the research looks to establish where improvements can be made in three fundamental parts of the program, which include curriculum, facilitators approach and knowledge, and lastly the setting in which the class is held. It was assumed that settings in correctional institutions would result in lower levels of satisfaction among mandated clients. While the given feedback was essential to the study, it was also a goal of the study to give clients a voice as they had no autonomy in the program design that they were required to take by law. The literature that follows looked to answer the research question: "To what extent do clients in a Court-Mandated Driver Alcohol Education Program find the program satisfactory?"

The sections of the literature review were constructed into three main parts of client satisfaction. The first section will discuss program settings, the second section will focus on program facilitator's skills, knowledge, and approach and the ways in which those aspects define a client's level of perceived satisfaction. Lastly, the final section will cover the elements of curriculum, which will speak to the use of psycho-education as well as the skills attained by clients and how those skills may lend assistance as to whether clients recidivate or not recidivate in the future. The articles reviewed below corroborate in some way that the input clients give to

workers of state mandated programs can be an essential piece to improve retention rates, reduce recidivism, and let the clients feel they still have some agency. In order to find out what motivates clients or debilitates them is only known through direct communication with the client. The areas in which the articles make assumptions are that some of the studies do not look at the disparities between male and female DUI offenders, and there is little depth into how sexism and or racism may affect the outcomes for the minority groups.

Harris (2006) conducted a study to “examine the factors that affect treatment participation, treatment engagement, and drinking behaviors by implementing Motivational Interviewing (MI) intervention with DUI offenders mandated to enroll in an outpatient treatment program.” This study was the first to consider recidivist status and examine the efficacy of (MI) with Driving under the influence (DUI) offenders with a reasonable sample size (N = 98).

MI helps the client to consider how much of a problem their drinking behaviors pose, to assess the possibility and the costs/benefits of changing the problem behaviors, to reach a determination or decision to make a change, and to resolve to overcome unsuccessful past attempts and push through the cycle of change (Prochaska & DiClemente, 1992 (pp.4).

A brief MI intervention was randomly administered to 48 of the DUI offenders enrolling in outpatient treatment and data was collected at baseline and 3-month follow-up. A brief MI intervention was randomly administered to 48 of the DUI offenders enrolling in outpatient treatment and data was collected at baseline and 3-month follow-up. Results of the study showed heightened enthusiasm for compliance and for wanting to be part of the study for DUI clients. The study also highlighted that behaviors between first time offenders and recidivists were drastically different. A weakness of the study is that the sample group was primarily older white

males leaving the study inapplicable to women or persons of color and therefore lacks the ability to be generalized to the population of all DUI clients (Harris, 2006).

Dejong & Berg's (2001) solution focused approach requires the worker to explore and respect client meanings when co-constructing cooperation with mandated clients, and what they want out of the cooperative work. The rationale is to make contracts and other parts of a mandated program easier to work with for the social worker and the mandated client. The basic idea is if you ask solution focused questions and listen, then the client feels that they have a voice and tends to cooperate with higher success. The sample was comprised of one mandated client and the results were inconclusive. Weakness of the study includes lack of data, sample size, and has issues of heterogeneity.

Patra, Gliksman, Fischer, Newton-Taylor, Belenko, Ferrari & Rehm (2001) looked at two groups to determine who might succeed in treatment and those who might be expected to fail within a 30 day period. One group had social disadvantage while the other had extensive involvement with the law but were stable financially and with family while the other group had housing worries and familial problems. The findings of the study showed those who were more unstable in life had higher motivation to stay in the program to avoid jail time. Looking back at Patra, et al., (2001) it is difficult to see what, or if any specific theory was used in their study and in the same sense of dissent, their study was much too broad with vague specifics in the variables and therefore it was not a useful article to further the points in this paper on retention, recidivism, and overall client satisfaction.

Theories Used in Substance Abuse Treatment

Some of the theories used in previous studies include: cognitive dissonance theory, protection motivation theory and criminal justice theories such as differential association and self-control theory. Leon Festinger (1951) used cognitive dissonance to apply to all situations that involved attitude formation and change. The literature reviewed in this study noted that each article touched on the fact that attitude and the willingness or unwillingness to change effects treatment retention. Therefore recidivism rates typically drop after program completion for a period of one year. The reason for this is that cognitive dissonance is especially relevant to decision-making and problem solving which are both integral parts of DUI education programs. Harris (2006) examined a theory first introduced in 1975 and updated in 1983 by Rogers, called protection motivation theory. Rogers attempted to reduce alcohol use by having participants look at the unpleasant consequences associated with abusive drinking patterns. The problem with protection motivation theory is the assumption that clients will acknowledge that their drinking patterns are either abusive and that they have experienced a negative consequence. Denial is a key characteristic of DUI offenders. The strength however of the theory is that it puts the responsibility back on the person by using their motivation as the power behind the intervention.

Hirschi and Gottfredson's (1990) self-control theory, often referred to as the general theory of crime, was based on Freud's (1911, 1951) pleasure principle. –Self-control theory holds that crime or in this case, a DUI client's offense, is attributed to the individual's lack of self-control. Factors leading to a lack of self-control can be attributed to biology, development, socialization, and opportunity. Therefore, when using this theory with offenders, the worker would look at ways in which the past had formulated or conditioned the person to make the choices related to substance abuse and educate them using these factors to illicit positive change.

One limitation of self-control theory is that the environment of the client and/or specific trauma that may have triggered an otherwise avoidable offense are not addressed

Facilitator knowledge, skill, and approach

In the work by De Jong and Berg (2001) the use of solution-focused interviewing was used in a conversation with a court-ordered mandated client. The study postulates that clinicians or in this case facilitators that take a not-knowing stance along with being non-confrontational regardless of *where the client is at* may elicit possibilities for positive change. When working with mandated clients, DeJong and Berg state, that resistance is usually expected and that when a clinician can be non-judgmental, it is often seen as promising and engaging for clients. Studies on remedial interventions for first-time offenders by Robertson, Gardner, Xu & Mc Cluskey (2009) report in their findings that evidence suggests that failure to either engage in or complete intervention programs have poorer outcomes.

Some of the omissions or biases seen in the literature are the inclusion or in this case, omission, of how these theories may or may not work within diverse cultural beliefs. There is also insufficient research that applies the theories to female gender groups or those with diverse sexual identities. It is important to note that the theories described above were primarily formulated by those with privilege and power which may limit their thoughtfulness in the application to different races.

Substance Abuse Programs

The purpose of the study by Robertson, Gardner, Xu, Chi, & McCluskey (2009) is to describe the Mississippi Alcohol Safety Education Program (MASEP), to evaluate the overall effectiveness of MASEP in reducing DUI recidivism, and to compare the relative effectiveness

of two versions of the program. This study focused on efforts to reduce subsequent DUI among first-time offenders in Mississippi. Since 1976 many evaluations had been completed by participants at different points in the program and recent results showed that the changes to curriculum produced better outcomes for lower levels of recidivism among program attendees. This ongoing qualitative research continues to find areas of improvement for the program and its participants and has been found to be a successful tool which is proven by a drop in recidivism rates.

The work by Sprang (1997), evaluated DUI offenders/participants that attended a victim impact panel. Participants were given a pretest prior to the panel and a posttest one month after the panel attendance to gauge retention and motivation for change in attitudes and behaviors towards drinking and driving offenders. Offenders who were on the panel were allowed to take the tests anonymously to avoid leading them to think their direction of change would affect their probationary status. Overall, participant's responses showed a significant change for the better, suggesting that the panel was highly effective with long-term results when followed up one year later.

In conclusion, the decision to implement a quantitative design for this study was supported by the articles and findings written above. In essence, the development and the distribution of a questionnaire might be an effective way to accomplish the dual objectives mentioned in the introduction, which was to find ways to improve and increase the client's overall retention of information provided, and to increase overall client satisfaction by giving them a voice.

CHAPTER III

Methodology

The purpose of this study was to examine how the Spectrum program, which is one of many Massachusetts Driver Alcohol Education (DAE) Programs, is doing in relation to client satisfaction using psycho-education as an intervention with state-mandated clients. The main program goals are to assist clients by developing awareness and providing education on the diagnosis of Alcohol Abuse (305.00) and Substance-Related /Addictive Disorders, which have caused negative impacts on their lives in social, emotional, physical, and legal ways. The design of the study is primarily descriptive as the results portray a “snapshot in time” regarding the participants’ responses (Anastas, 1999). This study gathered and analyzed survey information given to 42 mandated clients who received services from two program locations covered by Spectrum Health Systems. Data was obtained from a self-developed survey instrument. The survey solicited feedback regarding overall client satisfaction from voluntary participants who had been in the sixteen-week program for at least twelve weeks.

DAE Program Description

Spectrum Health Systems, formerly known as Spectrum House, is a nationwide not-for-profit Substance Abuse and Mental Health Treatment organization. Spectrum was a forerunner in developing one of the first therapeutic communities to use cognitive behavioral-skill building in its correctional treatment programs for the more than 6,500 criminal offenders served daily across multiple states. Spectrum provides treatment in correctional institutions as well as community-based settings in Massachusetts, Rhode Island, Georgia, Tennessee, Iowa, Maine, and Washington State. All of the corrections programs aim to teach participants practical ways to

achieve a law-abiding lifestyle that is free from drugs, addiction, and crime (spectrumcorrections.org). The therapeutic community-based style of treatment specifically for the DAE program is an open enrollment classroom setting, that is conducted in either ordinary office space or correctional spaces such as police departments or correctional day-treatment spaces like the ones often run in Sherriff Departments. The demand for DAE classes is high due to the increased rate of drunk and impaired drivers making the open enrollment a necessary feature of the program that results in a rich group-dynamic experience for clients and facilitators. On a positive note the “revolving door” of the program exposes participants to multiple client-reported problem-scenarios that include social, emotional, physical, and mental health issues related to their offense and life in general. On the downside, this type of program structure makes it difficult for facilitators to provide a sense of safety among participants as they only meet once per week. In the researcher’s experience of teaching this class, clients are less likely to engage with one another and many do not feel comfortable enough to open up to the group because trust is difficult to establish when confidentiality is not guaranteed.

Sample

The sample used for this study consisted of first time, and in some cases, second-time DUI/OUI offenders. The selection of participants to be surveyed was based on three main criteria. First, participants had to be actively enrolled in the program for twelve or more weeks. Secondly, participants had to be eighteen years or older. Lastly, the researcher surveyed clients from two program settings in two cities of central Massachusetts. The first 23 surveys were distributed and collected in a somewhat rural correctional facility in the City of Gardner, Massachusetts’ Police Department. The other participants were surveyed in the urban City of Fitchburg, Massachusetts in a professional building where Spectrum is based. The original

sample size was to be N=50 however due to the open enrollment design it was impossible to know how many qualified participants would be eligible in the time frame of data collection set within the thesis deadlines. Therefore the sample size collected fell short eight participants leaving N=42 for the study.

Ethics and Safeguards

Spectrum's court mandated program director gave permission for this researcher to conduct the study within the agency that directly oversees the Driver Alcohol Education (DAE) program (Appendix A). Because the researcher is an employee of Spectrum's DAE program, additional care was taken in establishing procedures that would protect the rights and privacy of participants. For instance, the possibility for clients to feel coerced to participate was high; therefore the researcher did not survey any of her own clients. Participants from other classes were recruited in advance by their facilitators (Appendix B) who had a short script to follow when addressing clients about the study. In addition, transparency of the researcher's employment was disclosed to participants along with an in depth explanation of the study's purpose and the informed consent (Appendix C). A great deal of emphasis was focused on the fact that a "clients' participation in this study is voluntary and that no relationship exists between a person's participation or non-participation, and their successful completion of the course."

Confidentiality

Each consent and accompanying survey was assigned a numerical code prior to distribution and administration. Identifiable information included only the clients name and signature on the consent, while the survey only collected the number of times a client received any type of alcohol education in their lifetime. Demographics were not collected for the study. Although the survey could not be conducted with full anonymity, two things were done to ensure

that the identities of those participating and not participating would be concealed from their classroom facilitators. First, surveys were distributed to clients after their facilitator made introductions from the researcher's script (Appendix D) and had exited the room. Secondly, results were never shared with any of the facilitators, as the consents and surveys were distributed and collected by the researcher within the same visit. Once all of the data was collected it was stored in a sealed envelope and transported away from the Spectrum site for analysis.

Risks and benefits

Two main risks were identified with conducting this study. First, clients might have experienced discomfort or emotional distress due to being asked to answer questions that may bring up negative feelings related to the offense that brought them to DAE. For that reason, clients were offered a list of local mental health providers to follow up with upon request (Appendix E). The second risk included the possibility for clients to feel like their participation or non-participation would be coerced. Clients needed assurance that the study was not only voluntary but also that whatever choice they made regarding the study would not affect their successful completion of the program. What that meant was explicitly stating to clients that their responses would not be made available to facilitators, probation officers, referring courts, or the Registry of Motor Vehicles which are all parties or entities that have some say in the futures of the clients served.

Benefits of being in the study included providing clients with the opportunity to convey their feedback regarding overall satisfaction or dissatisfaction with the Driver Alcohol Education Program in Massachusetts. Participation gave clients the opportunity to contribute to the future development and improvement of the program. Clients may have benefited from feeling that

their experiences and opinions mattered, and that they could be utilized as a crucial aspect of a study that may improve the program and psycho-education programs in general for future clients. In addition, some clients may have felt like the study was worth the break from normal classroom time that also provided them with a light snack as compensation for their time.

The researcher benefited through collection of data about the existing driver alcohol education program in Massachusetts, making it possible for valid recommendations about changes or improvements that might improve curriculum retention and decrease recidivism rates for individuals struggling with Alcohol Abuse. The researcher gained knowledge about the areas of the Driver Alcohol Education Program that meet needs and those elements of the program that require improvement and/or expansion. This study also provided insight into the impact such programs have on encouraging or discouraging individuals to seek further mental health care for their alcohol abuse. Ways to explore or improve professional development in the field of social work and psycho-education was also seen as benefit by the researcher.

Finally the findings of this study may benefit the social work society by providing more insight into how psycho-education practices in the Commonwealth of Massachusetts, informs individuals charged with driving under the influence of alcohol/substances. This study evaluated the effectiveness of a psycho-education approach as a clinical intervention with individuals diagnosed with Alcohol Abuse. Moreover, the study sought to evaluate whether psycho-education practices programs around drinking and driving are effective or ineffective, and how the data could be applied with future clients to increase clients' attainment of abstinence from future DUI offenses.

Procedures for Withdrawal from the Study

Clients were reminded that participation was voluntary and that they had the option to withdraw at any point during the process of data collection to withdraw without any consequence. However, once the surveys were collected clients could not withdraw due to the survey itself not having any identifiable information on it. Clients also had the option to pick and choose the questions they wanted to answer and the ones they did not.

Data Collection

The data for this research study was collected using a descriptive, exploratory, self-developed questionnaire (Appendix F). There were no multi-media or mail options made available to clients due to the concern that mandated clients may not have had access to a computer and they may have not been as willing to participate or follow through with completing surveys outside of the classroom setting. The questionnaire was created using Microsoft Word to build the document which consisted of 20 questions. Answer options for the survey included yes/no responses, a satisfaction scale, and open-ended questions that required numerical values.

The survey questions were designed to collect information about three main categories of study that included client satisfaction with settings, curriculum, and facilitators. One question that asked about settings was “If your setting was held in a police department did it have a positive or negative affect on your overall experience?” One curriculum-based question asked, “Do you believe that the material covered in the curriculum was relevant to your day-to-day life?” For feedback on facilitators the survey asked participants “Were you treated without judgment by your facilitator?” Many questions were written in a way that they could be used in future research and still have comparable measurable results to the ones from this study. As with

many studies reliability and validity can be improved with repetition that produces comparable results.

Data Analysis

Data collected from the surveys were manually entered into two separate documents created by the researcher. The first was an Excel spreadsheet that contained all of the data, which including each of the questions and each of the coded respondent's answers. The second document was a codebook that could be used to enter the data into the Statistical Package for the Social Sciences (SPSS). In order to account for "missing or unanswered questions" a value was created for that. Although there were very few "missing or unanswered questions" all answers were included in the results. Descriptive statistics in the form of frequencies were run for each response in the survey. Data is presented in tables showing the number and percentages for each question and accompanying explanation follows in the Findings chapter.

CHAPTER IV

Findings

This quantitative study assessed mandated client-satisfaction among individuals that were recently enrolled in a psycho-education program provided by Spectrum Health Systems in Massachusetts, by administering a survey to eligible participants. The survey was designed to solicit program input on three elements of the program which included settings, facilitator approach/knowledge, and curriculum content. In addition, the survey was also meant to gain insight into overall client satisfaction. The main objective of all Driver Alcohol Education programs is to provide clients with education and skills that will assist them in avoiding recidivating in the future. Of the 42 clients surveyed, the majority felt satisfied overall with the program elements assessed. This chapter is a presentation of those findings.

The findings that follow will not include typical research demographics as it was discouraged by the Human Subjects Review board (Appendix G). Instead, only one demographic question was included, the remaining 19 questions (3 of which are 2-part open response questions) required a numerical response, such as “How many times have you received Driver Alcohol Education (or an equivalent substance based psycho-education program) in your lifetime? Responses could include a “Brains at Risk” presentation, which is another court-referred program used in Massachusetts for drunk-driving offenders. Most questions required “yes or no” responses but other answer options included satisfaction scales (i.e., satisfied, somewhat satisfied, etc.) as well as “some, most, none,” and “positive, negative, or neither/ no noticeable effect.” Due to a lack of foresight in the development of the survey in terms of question design and small sample, inferential statistical tests could not be run. Therefore, descriptive results will be categorized, grouped, and recorded in a question-by-question format.

Participant Demographics

Although it was the intention of the researcher to have a sample of 50 participants, it was not possible due to enrollment status that excluded eligibility of at least eight clients. The data from the final sample of forty-two participants was used for this study. The first survey question asked participants to reveal how many times they have received any type of Alcohol Education, which in part also inferred or suggested how many times they have been convicted of drinking and driving offenses. Eighty-two point nine percent (82.9%) of participants reported being first offenders, while 17.1% were second-time offenders. One client either chose not to answer or forgot to fill in the space.

Table 1

First or Second- Offender Demographic

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	34	81.0	82.9	82.9
	2.00	7	16.7	17.1	100.0
	Total	41	97.6	100.0	
Missing	99.00	1	2.4		
Total		42	100.0		

Settings

Participants in this study received services in one of two settings. The first 23 participants, which accounted for 54.8% of the sample, were surveyed in a Police Department, while the remaining 45.2% of participants received services in Spectrum Health office space placed in a professional building. To further explore participant's thoughts on settings, clients were asked, "If your class setting was in a police department did it have a positive or negative affect on your

overall experience?” Twenty-one point four (21.4%) of respondents said the setting had a positive effect, while only 11.9% reported a negative effect, and 66.7% of participants stated there was neither a positive or negative effect and that the setting was not noticeable. A shortfall of this question is that it did not allow a response for individuals who were not in a police department. So it is assumed that those individuals answered neither/ no noticeable effect.

Table 2

Settings with Positive, Negative, or no Noticeable Effects?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Pos	9	21.4	21.4	21.4
	Neg	5	11.9	11.9	33.3
	neither/not noticeable	28	66.7	66.7	100.0
	Total	42	100.0	100.0	

In all, 100% of clients reported that they felt comfortable in the setting of their class. This result differs with the previous question where 11.9% reported a negative effect related to being in a police department.

Table 3

Did you feel comfortable in the setting of your class?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	42	100.0	100.0	100.0

Curriculum

Several questions on the survey focused on the content of the curriculum . This section describes how participants responded to issues of treatment needs, relevance of topics, accurate and up-to-date information, a gain in skills needed to deal with problem behaviors and thinking, as well as client comprehension, and level of client-presumed retention of information once they complete the program. Although the questions were closely related and in some ways equally important, the overarching question was, “Do you feel that the DAE curriculum provided you with enough information to identify, understand, and address alcohol abuse-related problems in your life or in that of others?” Of the 42 participants, 100% of individuals replied “yes.” Fittingly, when asked, “Did the program make you aware of any problem behaviors or thinking that you did not realize you had related to the use of alcohol and/or substances? Sixty-one point nine percent (61.9%) of respondents answered “yes,” however 38.1% replied “no.” Unfortunately but not surprisingly, very few participants (21.4%) plan to follow up with a mental health (MH) provider to seek assistance and/or address any MH or substance use concerns.

Table 4

Awareness of problem behaviors/ thinking?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid yes	26	61.9	61.9	61.9
No	16	38.1	38.1	100.0
Total	42	100.0	100.0	

Table 5

Follow up with a Mental Health provider?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	9	21.4	22.5	22.5
	no	31	73.8	77.5	100.0
	Total	40	95.2	100.0	
Missing	99.00	2	4.8		
Total		42	100.0		

Interestingly, more than three-quarters of participants (85.4%) believed that the curriculum was relevant to their day-to-day lives. Fourteen point six (14.6%) of individuals stated just the opposite replying, “No.” To add to that, a follow-up question also asked, “Overall, do you think the class met your current needs with relevant topics? Again, a high percentage of 90.5% answered “yes” to a query of relevance, leaving 9.5% feeling like the topics did not meet their current needs in treatment.

Table 6

Relevance to day-to-day life?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	35	83.3	85.4	85.4
	No	6	14.3	14.6	100.0
	Total	41	97.6	100.0	
Missing	99.00	1	2.4		
Total		42	100.0		

Table 7

Met client needs with relevant topics?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	38	90.5	90.5	90.5
	No	4	9.5	9.5	100.0
	Total	42	100.0	100.0	

Another aspect of the curriculum evaluation was the client’s level of satisfaction regarding information they received through the program and its facilitators. Participants were asked, “During your experience of the DAE program, how satisfied did you feel that the information you were given was accurate and up-to-date? Answers on a Likert scale showed that 23.8% reported feeling “somewhat satisfied,” 61.9% reported “satisfied,” 11.9% stated they were “somewhat dissatisfied” and 2.4% said they were “dissatisfied.” In sum, most of the participants (80.5%) said the program offered them more useful information than they expected and 19.5% replied no and one response was missing or left blank.

Table 8

More useful information than expected?

		Frequency	Percent	Valid Percent
Valid	Yes	33	78.6	80.5
	No	8	19.0	19.5
	Total	41	97.6	100.0
Missing	99.00	1	2.4	
Total		42	100.0	

Facilitators Approach and Skill

This final section of findings details participants’ responses questions about their experiences regarding their respective classroom facilitator or instructor. “Did the facilitator of

your class positively or negatively affect your overall experience? Largely, almost everyone reported a positive experience while two participants stated that the facilitator had neither a positive or negative effect on their experience.

Table 9

Effects of the facilitator on client experience.

		Frequency	Percent	Valid Percent
Valid	Pos	40	95.2	95.2
	neither/not noticeable	2	4.8	4.8
	Total	42	100.0	100.0

Another question that may have affected a mandated client's overall experience in a Driver Alcohol program was, '...whether the clients felt judged by their facilitators?' Ninety-five point one percent (95.1%) of participants said they felt the facilitator treated them without judgment, while 4.9% of clients felt judged. One respondent left the question blank.

Table 10

Were you treated without judgment by your facilitator?

		Frequency	Percent	Valid Percent
Valid	Yes	39	92.9	95.1
	No	2	4.8	4.9
	Total	41	97.6	100.0
Missing	99.00	1	2.4	
Total		42	100.0	

The next four questions solicited participants' opinions in more depth about the overall positive or negative experience of the facilitator. These questions were: "Did you experience classroom time as an open discussion where your thoughts and opinions mattered?" "Did you feel

the facilitator was aware of the help you needed?” “Were you ever informed about your progress while in treatment?” And lastly, “was the facilitator skilled at keeping the classroom environment respectful, accepting, and inviting?” For the most part the participant’s responses revealed positive experiences of facilitator’s skill and approach.

Table 11

Facilitator’s ability to make client’s feel their thoughts and feelings matter.

		Frequency	Percent	Valid Percent
Valid	Yes	38	90.5	95.0
	No	2	4.8	5.0
	Total	40	95.2	100.0
Missing	99.00	2	4.8	
Total		42	100.0	

Table 12

Facilitator aware of help needed?

		Frequency	Percent	Valid Percent
Valid	yes	39	92.9	92.9
	no	3	7.1	7.1
	Total	42	100.0	100.0

Table 13

Facilitator communication with client regarding progress in treatment

		Frequency	Percent	Valid Percent
Valid	yes	22	52.4	53.7
	no	19	45.2	46.3
	Total	41	97.6	100.0
Missing	99.00	1	2.4	
Total		42	100.0	

Table 14

Facilitator's ability to maintain positive classroom environment

		Frequency	Percent	Valid Percent
Valid	yes	42	100.0	100.0

As stated in the first chapter, the overarching objective for this study was to find out, “To what extent do clients in a court-mandated Driver Alcohol Education Program find the program satisfactory?” Also, “To what extent does a client’s level of satisfaction affect their retention of the curriculum and risk of re-offending? The totality of the findings largely point to feelings of satisfaction with the program, which in turn gives credibility to the results of two other important questions which asked, “Out of all of the material covered in class, how much do you think you will retain once you complete the course? The findings showed that 71.4% of participants’ expected to retain “most” of the material, while 28.6% replied that they will remember “some.” More importantly, 99% of those people say they will never drink and drive again in the future.

Table 15

Client retention of material.

		Frequency	Percent	Valid Percent
Valid	Some	12	28.6	28.6
	Most	30	71.4	71.4
	Total	42	100.0	100.0

Table 16

Never drink and drive again

		Frequency	Percent	Valid Percent
Valid	Yes	41	97.6	100.0
Missing	99.00	1	2.4	
Total		42	100.0	

The findings reveal that improvements may be warranted in the program, which was expected by the researcher. Conversely, this study also determined that participants appear to have an overall sense of satisfaction with the three outlined main program components, which included: settings, facilitator knowledge and approach, as well as curriculum. The next and final chapter will discuss the questions that the results have raised for the researcher, as well as discuss what impact the results will have on social work practice and practitioners working with court-mandated populations, as well as psycho-education courses such as the one used for this research.

CHAPTER V

Discussion

There were three objectives of this study. The first objective was to look at how psycho-education is used as an intervention with drunk-driving offenders and its effectiveness in reducing recidivism among drunk and under-the-influence drivers. Second, the study was designed to be used as a tool for evaluating three main Driver Alcohol Education (DAE) program components through the eyes of its clients, by describing how the program may have met, failed, or influenced, the likelihood of positive experiences and outcomes. Lastly, the study looked to provide clients with a voice so they could express what works in motivating court-mandated clients to make positive behavioral changes that will result in positive outcomes for the future, as well as to comment and make recommendations on the areas for improvement.

As Harris' stated in his study from 2006, there is a limited amount of literature available on topics that examine client satisfaction among DUI and OUI clients mandated to Driver Alcohol Treatment. Harris' study examined the factors that affected mandated clients treatment participation, engagement, and drinking behaviors and found that using Motivational Interviewing (MI) assisted clients in evaluating their own behavior through a cost and benefit model, which is very similar to the model of treatment used by Spectrum. Additionally, that research also mentioned that "coerced treatment" often results in high levels of recidivism because clients typically lose their sense of autonomy through the court process. The findings of this study showed that clients largely purported a feeling of satisfaction with the DAE program. In addition, the findings revealed that clients believed that they would retain some, if not most, of the information provided over the sixteen-week course, which they believe will aid them in avoiding future driving offenses that include the use of alcohol or other mind-altering substances which conflicts with Harris' findings on recidivism.

Interestingly, the findings of this study also showed that in some cases, participants' responses both agreed and conflicted with what the researcher presumed to find regarding the topic of settings in police departments. For instance, one hundred percent of participants answered that they were comfortable in the setting of their class, but in a similar question about how the setting affected their overall experience, there were negative responses. The researcher expected a large number of the sample placed in a police department to answer questions about the setting with a negative regard as on many occasions the researcher has encountered clients while working for Spectrum Health, who have expressed feelings of discomfort about being in a police station for class. The reason for the discomfort is usually associated to feelings of an intimidation factor and in some cases it has been due to clients coming face-to-face with their arresting officer(s) from a previous criminal offense(s).

A four-tier sampling design was used by Burrow, Bynum, Koons & Morash (1997) to gather data from institution-based programs, as well as, community-based programs that covered issues of substance-use and abuse treatment among other things like life skills, and mental health. The findings suggest that for women, the context and physical setting influences program effectiveness. Burrow, et al., further discuss the differences in perceptions of program elements that contribute to successful outcomes. Despite that fact that this study is solely about women jailed in correctional institutions, the results do connect to offender populations who have drug related issues. In addition, this study of 67 programs for incarcerated women links program elements to outcomes and rates of recidivism in at least 12 of the 67 programs.

Interviews and focus groups were used to gain information from clients about what they felt made programs effective in meeting the needs of female offenders. One question posed was, "What components of your program would be important to replicate in other programs?" The

feedback included positive staff characteristics such as attitude, qualifications and skill were important to positive outcomes. In addition, recipients of services said that a closed environment set up safety for sharing feelings and learning needed skills was essential to their engagement in treatment and successful outcomes.

Settings

Most of the participants in the study described feeling comfortable in the setting of their class or that the setting did not have any noticeable effect on their overall experience. One limitation of these results is that the question “If your class was in a police station setting did it have a positive, negative, or neither/ no noticeable effect on your experience?” posed to all participants, did not allow for participants to say they were not in a police station and it was later expressed by some clients that they were unsure how to answer that question.

Facilitator’s Knowledge, Approach and Skill

On the matter of facilitator knowledge, approach and skill, it was apparent that the facilitators of the two locations surveyed were doing well to make clients feel satisfied in this area. Although there were only a couple of unsatisfied clients reported in the results, it is important to remedy any problems in these areas as it is essential to a client’s “buy in” to coerced or mandated treatment. It is also important to remember that clients may have answered with more positive regard to please the facilitator out of fear of negative feedback affecting their status within the program or with their probation officers despite constant assurance that their opinions in no way affected their status in the program, nor would their feedback be identifiable or reported to the courts, probation officers, facilitators, or administration of the program.

Curriculum

In large part, the evaluation of the curriculum was perceived as a positive aspect by respondents. The participants stated that the curriculum provided clients with a clear understanding of addiction, the signs of addiction, the differences between use and abuse, and how to identify the symptoms or markers of addiction in themselves and others. Most importantly, participants stated that they found the curriculum to be relevant to their own lives.

Implications for Social Work Practice

As an employee of the Spectrum program, the researcher conducted intakes with clients and through that process learned that many of the clients struggle with dual diagnosis. This may indicate that the course should be taught or facilitated by someone with experience in clinical social work. A few clients felt that they were being judged by their facilitator and others reported that they did not feel the facilitator was aware of their needs during treatment. Most of the clients reported that they would not follow up with a mental health provider although many of them need services. The researcher suspects that if a social worker facilitated the groups, more clients might follow up with mental health aftercare. The course facilitator may encounter many clients who make declarations of their use of substances and make pleas for help. Moreover, at times clients have also expressed feelings of suicidal and or homicidal ideation. The ability to properly assess and address the *client condition* is necessary for best practice in the social work field. In addition, clinicians who are trained social workers will have the capacity and the knowledge of how to best utilize interventions such as the *not-knowing* stance mentioned earlier in the text. . A clinical social worker would also be able to provide clients with referrals and resources best suited to their needs.

Strengths and Limitations

Some strengths of the study is that the data collected produced important and relevant results that raised questions for further study such as, How do facilitators improve client rates among follow up care with mental health providers? Also, would satisfaction decline with longer periods of time since completion? In other words, what would clients report six months to a year after completion regarding satisfaction and how much of the information and skills could they recall at that point? Also, what are the differences, if any, in recidivism and satisfaction between the states that only employ social workers compared to states that employ those with degrees in related fields such as Human Services and Criminal Justice. In addition, the feedback that was collected is valuable in determining on a small scope how clients experience the program and what areas the clients expressed as meeting or not meeting their needs. For example the most prevalent finding was that clients were rarely if ever informed of their progress in the program which may affect their motivation for change.

There were several limitations of the study. There were complications experienced by the researcher with getting the study approved by the Smith College School for Social Work Human Subjects Review Committee in a timely manner. The result of those difficulties diminished the timeframe to obtain a larger sample size. The small sample makes it impossible to generalize to the larger population. .

One of the main difficulties encountered was finding literature specific to this topic. As mentioned throughout, there is not much research available in the databases searched for this study. Two in-depth searches of the databases were completed for this research project. The initial search was done solely by the researcher and the second was completed with the assistance of a reference librarian whose independent search confirmed that little was available to support the three specific elements used in this study.

In addition, the questionnaire used in the study was designed in a way that made it impossible to do any inferential statistical tests and lacked the collection of qualitative information that would be valuable in any study, but especially in one that is evaluating a substance-use and abuse community-based treatment program. .

Recommendations for Future Research

Massachusetts is the only one of the states where Spectrum Health operates that does not require a facilitator of a driver alcohol program to hold a degree in social work even though the job requires knowledge in co-occurring mental health disorders, diagnosis, assessment, and treatment planning. One option for further study would be to look at empirical data and the statistical rates of recidivism among this population when placed in community-based treatment taught by individuals with degrees in other mental health disciplines compared with those holding degrees in social work. Another option to consider might be a longitudinal study to determine how participants view the program components six months to a year after completion of the program to check for stability in the results. Also, it would be interesting to do a comparison of questionnaire results collected by both employees of spectrum and non-employees. Investigating contrasting classroom settings on a larger scale may make results generalizable to the population.

Summary

Much of the available research on this topic does not address the three curriculum components used for the focus of this study. Instead much of the previous research investigated mandated clients in terms of their internal motivation to change that is related to positive outcomes. It is important to remember that this study was not a program evaluation, but instead a

quantitative and descriptive study that depicts a snapshot in time of Spectrum Health's Driver Alcohol Education program and how its clients experienced the three main components of the program. Overall, the participants in the study felt satisfied for the most part with the program but acknowledged there is room for improvement to each of the areas. One of the most important findings was that most of the participants stated that they will not seek further assistance from a mental health provider despite their level of addiction. This finding indicates that facilitators should be trained mental health professionals. Also, *satisfaction* among client perceptions is desired but not always attainable.

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Appendix A: Agency Approval Letter



Building better lives, one step at a time.

Behavioral Health Services, Mental Health Services, Correctional Services, Adolescent Services, Women's Services

March 25, 2014

To Whom It May Concern,

Please be advised Spectrum Health Systems, Inc. is granting Adesholla Gionet permission to conduct her quantitative research study in order to fulfill her requirement in obtaining her Master's Degree in Social Work.

Please contact me with any questions and/or concerns regarding this matter.

Respectfully,


Maureen Casey, B.S.
Court Mandated Program Director

76 Summer St., Ste 140, Fitchburg, Ma. 01420 (978) 343-2433

www.spectrumhealthsystems.org

ACCREDITATIONS
Committee on Accreditation of Rehabilitation Facilities (CARF)
LICENSE
MA Department of Public Health
Bureau of Substance Abuse

Appendix B: Facilitator Recruitment Letter

Smith College MSW Candidate

March 25, 2014

Dear Colleague,

My name is Adesholla Gionet, and I am a graduate student at Smith College School for Social Work. I am conducting research for my Master's thesis on the thoughts and experiences of participants in the Driver Alcohol Education Program. Specifically, I am interested in participants' feedback on the curriculum, teaching methods, and learning environment.

Your help in collecting the data has been previously requested informally, and this letter confirms your participation in the data collection, as well as outlines the steps that will be taken in the research process.

Participating in this study will require a maximum of 25 minutes by your clients. To participate, clients must be 18 years old and over and enrolled in the program for a minimum of 12 weeks. This study will be conducted through a confidential questionnaire, which will be provided to you. Should clients wish to participate, they will fill out the questionnaire and return it for collection during a designated time for the survey session. Due to the study design being a confidential questionnaire, I will need you to make a brief announcement about the study of which I will provide you a script to read from. In addition, I will ask you to introduce me to your class and then ask you to exit the room until the survey is complete in order to protect the clients confidentiality.

Because this study addresses personal topics such as economics and substance use, there is a risk that participation in the study could cause negative emotions to arise. Should any discomfort or distress occur, resources and contact information will be provided to those clients for further mental health treatment if needed. These materials will be compiled for you and given to you along with the questionnaires. Facilitators should encourage participants to contact a professional for further support if indicated.

In addition, it must be emphasized that clients' participation in this study is voluntary and that no relationship exists between a person's participation or non-participation, and their successful completion of the course. They have the right to refuse to answer any question on the questionnaire. They may also withdraw from the study at any time during the survey. If participants choose to withdraw from the study, any answers provided on any questionnaires must be destroyed immediately.

If you have any additional questions, please feel free to contact me directly at agionet@smith.edu. Should you have any concerns about your rights or any aspect of the study, you are encouraged to contact me (XXX) XXX-XXXX, or the Chair of the Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974.

Thank you for your participation in this important research.

Sincerely,

Adesholla Gionet

Appendix C: Informed Consent Letter

Smith College MSW Candidate

March 25, 2014

Dear Participant,

My name is Adesholla Gionet, and I am a graduate student at Smith College School for Social Work. I am conducting research for my Master's thesis on the thoughts and experiences of participants in a mandated Massachusetts Driver Alcohol Education Program. Specifically, I am interested in participants' feedback on the curriculum, teaching methods, and learning environment. Should you wish to participate, you will be asked to read this form and ask any questions prior to agreeing to be in the study.

Your feedback will provide insight into ways to improve and expand the program for future clients, which is the purpose of the study. This study is being conducted as a research requirement for my Master's in Social Work degree. Ultimately, this research may be published or presented at professional conferences.

Participating in this study will require a maximum of 25 minutes during regularly scheduled class time. To participate, you must be a legal-aged adult of eighteen years-old and older. In addition, this consent must be signed and returned to the researcher prior to you being in the study. This study will be conducted through a confidential questionnaire, which will be provided to you at the time of the survey by the researcher. You will be allowed 15 minutes to fill out the questionnaire and return it to the researcher.

Because this study addresses personal topics such as economics and substance use, there is a risk that participation in the study could elicit negative emotions. Should you experience any discomfort or distress during the study, local mental health resources and contact information will be provided for you to seek further assistance with these issues. You are encouraged to contact a professional for further support should you need it.

The benefits of participation offers clients in the study have the opportunity to convey their feedback regarding overall satisfaction or dissatisfaction with the Driver Alcohol Education Program in Massachusetts. Participants also have the opportunity to contribute to the future development and improvement of the program. Clients may benefit from feeling that their experiences and opinions matter, and that they could be utilized as a crucial aspect of a study that may improve the program and psycho-education programs in general for future clients.

Your participation in this study is voluntary and will be kept confidential. There is no relationship between your decision to be in the study or not, and that of your successful completion of the program. In addition, your responses will not be seen or made available to

your respective facilitator, administrative staff of Spectrum, probation officer, or referring court. The records of this study will be kept strictly confidential. All research materials including recordings, transcriptions, analyses and consent/assent documents will be stored in a secure location for three years according to federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period. We will not include any information in any report we may publish that would make it possible to identify you.

You will not receive any financial payment for your participation, however a light snack of coffee, donuts, and muffins will be provided for your time and opinions.

The decision to participate in this study is entirely up to you. You may refuse to take part in the study *at any time* (up to the date noted) without affecting your relationship with the researchers of this study or Smith College. Your decision to refuse will not result in any loss of benefits (including access to services) to which you are otherwise entitled. You have the right not to answer any single question, as well as to withdraw completely up to the point noted below. If you choose to withdraw, I will not use any of your information collected for this study. You must notify me of your decision to withdraw by email or phone by May 1, 2014. After that date, your information will be part of the thesis.

You have the right to ask questions about this research study and to have those questions answered by me before, during, or after the research. If you have any further questions about the study, at any time feel free to contact me, at **agionet@smith.edu** or by telephone at **XXX-XXX-XXXX**. If you would like a summary of the study results, one will be sent to you once the study is completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at **(413) 585-7974**.

If you have any additional questions, please feel free to contact me directly at **agionet@smith.edu**. Should you have any concerns about your rights or any aspect of the study, you are encouraged to contact me at **(XXX) XXX-XXXX**, or the Chair of the Smith College School for Social Work Human Subjects Review Committee at **(413) 585-7974**.

Thank you in advance for your participation in this important research project.

YOUR SIGNATURE INDICATES THAT YOU HAVE DECIDED TO VOLUNTEER AS A RESEARCH PARTICIPANT FOR THIS STUDY, AND THAT YOU HAVE READ AND UNDERSTOOD THE INFORMATION PROVIDED ABOVE. YOU WILL BE GIVEN A SIGNED AND DATED COPY OF THIS FORM TO KEEP. YOU WILL ALSO BE GIVEN A LIST OF REFERRALS AND ACCESS INFORMATION IF YOU EXPERIENCE EMOTIONAL ISSUES RELATED TO YOUR PARTICIPATION IN THIS STUDY.

Name of Participant (print):

Signature of Participant: _____

Date _____

Signature of Researcher: _____

Date _____

Appendix B: Part 2 Recruiter Announcement Script

Smith College MSW Candidate

March 25, 2014

Hello Colleague,

Below is the short script that I am asking you to use to announce the study and introduce me to your class:

Before we start class today, I want to tell you about the person coming to visit the class today. Adesholla Gionet is a student at Smith College in North Hampton, Massachusetts. She is here to conduct research to fulfill a requirement for her Master's in Social Work Degree. She is also a facilitator for Spectrum's Driver Alcohol Education Program. The research study she is conducting involves asking your opinions about three specific elements of the DAE program which include: curriculum, teaching methods, and learning settings.

For the protection of your identity I will be leaving the room until she is done collecting questionnaires from whoever decides to volunteer in her study. I want to stress that your decision to participate or not participate in the study does not affect your successful completion of the program. I will not be able to see your answers as the study is confidential.

Adesholla will explain the purpose of the study, as well as, eligibility to be in the study. She will ask you to sign a consent form which she will also explain in detail. If you choose not to be in the study or if you are not eligible please just sit quietly until the survey is done. Any questions should be directed to Adesholla.

Appendix E: List of Local Mental Health Providers

Smith College MSW Candidate

March 24, 2014

Community Health Connections

275 Nichols Road
Fitchburg, Ma. 01420
978-878-4440

Community Health Link

45 Summer Street
Leominster, MA 01453
(800) 977-5555
Fax (978) 537-4966

10 Parker Street
Gardner, MA 01440
(800) 977-5555
Fax (978) 630-4765

Fitchburg Counseling Center

Burbank Hospital, Simmons Wing, 2nd Floor
275 Nichols Road, Fitchburg, MA 01420
Fitchburg Counseling Center Phone: 978-401-3970
Developmental Disabilities Unit Phone: 978-4011-3980

Gardner Community Health Center

175 Connors Street
Gardner, Ma. 01440
978-410-6131

North Central Human Services

31 Lake Street
Gardner, Ma. 01440
978-632-9400
NorthCentral@alternativesnet.org

Westwinds Clubhouse

545 Westminster Street

Fitchburg, MA 01420
Phone: 978-345-1581
Fax: 978-665-0006

Appendix D: Questionnaire

Participant Code #_____

Each question requires only one answer. Place an (X) next to your answer.

1. How many times have you received Driver Alcohol Education (or an equivalent substance based psycho-education program) in your lifetime? This could include a “Brains at Risk” presentation.
Write the number of times here _____
2. If your class setting was held in a police department did it have a positive or negative affect on your overall experience?
Positive____
Negative____
Neither/No noticeable effect____
3. Overall, do you feel the class met your current treatment needs with relevant topics?
Yes____
No____
4. Out of all of the material covered in the class, how much of the given information do you think you will retain once you complete the course?
Some____
Most____
None____
5. Did the facilitator of your class positively or negatively affect your overall experience?
Positive____
Negative____
Neither/No noticeable effect____
6. During your experience of the Driver Alcohol Education program, how satisfied did you feel that the information you were given was accurate and up to date?
Somewhat satisfied____
Satisfied____
Somewhat dissatisfied____
Dissatisfied____
7. Do you believe that the material covered in the curriculum was relevant to your day-to-day life?
Yes____

- No___
8. Do you believe that by taking this class you will strive to never drive under the influence of any substance again in the future?
Yes___
No___
9. Do you feel that the DAE curriculum provided you with enough information to identify, understand, and address alcohol abuse related problems in your own life or in that of others?
Yes___
No___
10. Did the program make you aware of any problem behaviors or thinking that you did not realize you had related to the use of alcohol and/or substances?
Yes___
No___
11. Will you seek further assistance from a mental health provider to help you address/treat any mental health or substance use concerns after the course ends?
Yes___
No___
12. Do you have a clear sense of what addiction is and how it may negatively impact your life?
Yes___
No___
13. Were you treated without judgment by your facilitator?
Yes___
No___
14. Did you experience classroom time as an open discussion where your thoughts and opinions mattered?
Yes___ If yes, how much time was available? Write in minutes_____
No___
15. Were you happy with your overall experience of the course?
Yes___
No___
16. Did you feel that the facilitator was aware of the help you needed?
Yes___
No___
17. Were you ever informed about your progress while in treatment?
Yes___

No___

18. Did you feel comfortable in the setting of your class?

Yes___

No___

19. Was your facilitator skilled at keeping the classroom environment respectful, accepting, and inviting?

Yes___

No___

20. Did the course program offer you more useful information than you expected it would?

Yes___

No___

Appendix F: HSR Approval Letter

School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950 F (413) 585-7994

April 8, 2014

Adesholla Gionet

Dear Adesholla,

You have made all the requested changes and clarifications to your HSR application. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,

Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee

CC: Jean LaTerz, Research Advisor